

through their broker-dealer affiliate. The risk assessment provisions already in place under the Exchange Act, which would be amended by this bill, would be utilized for this purpose. In addition, the broker-dealer's net capital would be based, in part, on the derivatives activities of its affiliated derivatives dealer. The designated examining authority for the broker-dealer would have rulemaking and enforcement authority with respect to the derivatives activities of both the broker-dealer and the affiliate. The Commission also would be authorized to adopt rules designed to prevent fraud.

Fourth, the bill would require the filing of quarterly reports by hedge funds, including a statement of the financial condition of the fund, income or losses, cash flows, changes in equity, and a description of the models and methodologies used to calculate, assess, and evaluate market risk, and such other information as the Commission, in consultation with the other financial regulators, may require as necessary or appropriate in the public interest or for the protection of investors. The Commission is authorized to allow any confidential proprietary information to be segregated in a confidential section of the report that would be available to the regulators, but would not be disclosed to the public.

Fifth, the bill would also direct the SEC to use its existing large trader reporting authority to issue a final large trader reporting rule. Congress gave the SEC this authority in the Market Reform Act of 1990 in order to assure that the trading activities of hedge funds and other large traders could be tracked by the SEC for market surveillance and other purposes. Nearly 10 years later, the SEC has failed to issue a final rule, and the draft rules it issued years ago are gathering dust. Our bill would change that.

Sixth, the bill would reinstate the intermarket coordination reporting requirements established by Section 8(a) of the Market Reform Act of 1990. This reporting requirement, which expired in 1995, was intended to promote cooperation by the various financial regulators by requiring them to report to Congress on an annual basis on their efforts to coordinate regulatory activities, protect payment systems and markets during emergencies, establish adequate margin requirements and limits on leverage, and other matters affecting the soundness, stability, and integrity of the markets.

Adoption of this bill would close the regulatory black hole that has allowed derivatives dealers affiliated with securities or insurance firms to escape virtually any regulatory scrutiny. It will give the SEC the tools needed to monitor the activities of these firms, assess their impact on the financial markets, and assure appropriate protections are provided to their customers against any fraudulent or abusive activities. It would require hedge funds to provide some public reporting regarding their holdings. It is not a radical restructuring of the derivatives market or of the hedge fund industry; it is focused laser-like on the real gaps that exist in the current regulatory framework that need to be closed in the aftermath of the LTCM affair.

I urge my colleagues to cosponsor and support this important legislation.

A SALUTE TO MAL WARWICK & ASSOCIATES ON ITS TWENTIETH ANNIVERSARY

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 18, 1999

Ms. LEE. Mr. Speaker, I rise today to salute, congratulate and honor Mal Warwick & Associates on celebrating its twentieth anniversary.

Mal Warwick & Associates is a fund-raising and marketing agency serving non-profit organizations and socially-responsible businesses. Over the years, they have assisted a wide variety of organizations both large and small; local, state, and national, as well as six Democratic Presidential candidates.

Mal Warwick, founder and Chairman of Mal Warwick & Associates has been a consultant, author and public speaker for non-profits for more than thirty-five years. Mr. Warwick is very involved in the community affairs of the City of Berkeley in California, including serving on the boards of the Berkeley Community Fund and the Berkeley Symphony Orchestra. Prior to Mr. Warwick's move to Berkeley, Mr. Warwick served for three years as a Peace Corps volunteer in the 1960s.

Due to the efforts of Mal Warwick & Associates over the last twenty years, the quality of life of many non-profits and the communities they serve, has been enhanced tremendously. Thanks to these efforts, many voluntary organizations have built the foundation towards a more peaceful, productive and better way of life for citizens throughout the world.

I proudly join my friends, colleagues and clients of Mal Warwick & Associates in recognizing its twentieth anniversary and also join in the celebration of its many years of extraordinary service to people and organizations through the Bay Area and the world.

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER CONTINUES PIONEERING MEDICAL ADVANCES

HON. FLOYD SPENCE

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 18, 1999

Mr. SPENCE. Mr. Speaker, I rise to bring to the attention of the House exciting medical advances that are taking place at The University of Mississippi Medical Center (UMC), in Jackson, Mississippi. During the last thirty years, UMC has gained an international reputation as a leader in the development of landmark medical procedures. In 1964, the first heart transplant in the world was performed at UMC. In 1988, I received a double-lung transplant there, which saved my life. At that time, the procedure that I underwent was not being performed anywhere else in the United States.

Most recently, UMC Assistant Professor of Vascular Interventional Radiology and Body Imaging, Dr. Patrick Sewell, has pioneered a revolutionary procedure that offers great promise for the treatment of cancer patients. This innovative work combines Magnetic Resonance Imaging (MRI) and cryosurgery techniques to destroy tumors. This "cryoablation" has been successfully performed by Dr. Sewell on cancer patients, with amazing results.

Additionally, Dr. Sewell, and Dr. Ralph Vance, another UMC physician, have traveled to China, to share another new "cutting-edge" technology with medical practitioners in that country. The procedure, which was developed by Dr. Sewell, and which is known as "radio-frequency of the lung tumor ablation," utilizes a radiofrequency probe with an interventional CAT scan to perform lung cancer surgery.

Mr. Speaker, I am very proud to have a connection, through my transplant experience, to the ongoing pioneering efforts at UMC that are making significant breakthroughs in medicine. I would like to include in the CONGRESSIONAL RECORD two articles that elaborate on these impressive efforts, which are changing the way cancer is treated.

[From the Medical Post News 2, Oct. 12, 1999]

NEW MRI GREAT RENAL TUMOUR DESTROYER—OPEN MAGNET MRI PROVIDES ALMOST REAL-TIME IMAGES DURING SURGERY

(By Andrew Skelly)

JACKSON, MISS.—MRI-guided cryosurgery looks like a promising way to destroy renal tumours, say doctors at the University of Mississippi Medical Centre.

The centre is one of only a handful worldwide using a new type of "open magnet" MRI that provides almost real-time images during surgery.

The technique takes advantage of the temperature sensitivity of MRI and the availability of new nonmagnetic cryosurgical equipment.

Doctors at the Centre Hospitalier Universitaire de Quebec are using the same equipment to destroy breast tumours (see the Medical Post, Aug. 11, 1998).

The Mississippi team has treated 13 renal cancer patients so far. All of them had already had one kidney removed and had developed a tumour in the other.

Traditional surgery would have involved removing the entire remaining kidney; but the MRI-guided approach allowed the surgeons to destroy the tumour while leaving the functioning part of the kidney intact, thus sparing the patients dialysis.

"We've been successful in every one so far, without a great deal of difficulty," said assistant professor of radiology Dr. Patrick Sewell in a telephone interview. "We've had no complications, no bleeding, no blood in the urine, and one patient's renal function actually improved. We actually expected everybody's to get a little worse but so far no one's has. We don't quite understand that, but we definitely like it."

General anesthetic was used in all but one patient, who could not tolerate sedation because of pulmonary disease.

The patients are being followed with CT scans at one week, one month, three months, six months and one year post-surgery, and then every year thereafter. Their post-surgical renal function is also being monitored.

The longest followup is only about six months, but so far no patient has shown evidence of residual tumours after the surgery: "Time is the true test, whether the procedure is totally effective or partially effective," Dr. Sewell stressed.

SIGNIFICANT ADVANCE

"The procedure appears to be a significant advance in the minimally invasive surgery field," commented Dr. Joseph Chin, professor and chairman of the division of urology at the University of Western Ontario, when reached by e-mail. "But standardization of techniques, quality control, proper patient selection and longer-term followup are as yet unavailable."

The interventional MRI, manufactured by GE Medical Systems of Waukesha, Wis., resembles a pair of vertical doughnuts—the patient slides through the doughnut hole and